

State of Tennessee
Department of Environment & Conservation
Division of Air Pollution Control



Mobile & Air Resources Management Program
401 Church St, L & C Annex 9th Flr.
Nashville, TN 37243

Telephone: (615) 532-0534 FAX: (615) 532-6817

APPLICATION FOR VEHICLE EXEMPTION

NAME _____ PHONE NO. _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

VEHICLE INFORMATION

REGISTRATION EXPIRATION DATE _____ COUNTY REGISTERED _____ LICENSE TAG # _____

VEHICLE IDENTIFICATION NUMBER(VIN) _____ MAKE AND MODEL _____ MODEL YEAR _____

PERSONAL CERTIFICATION

I, _____, ATTEST THAT THE ABOVE VEHICLE IS LOCATED IN
_____ AND IS/WILL BE OUT OF THE STATE OR THE TESTING AREA FOR
MORE THAN 90 DAYS PRIOR TO ITS LICENSE RENEWAL DATE. THE EXPECTED RETURN DATE OF
THE VEHICLE IS _____, AT WHICH TIME I AGREE TO HAVE THE VEHICLE
EMISSIONS TEST AND THE CERTIFICATE OF COMPLIANCE MAILED TO THE ABOVE ADDRESS.

NOTICE: FAILURE TO HAVE THE VEHICLE TESTED UPON ITS RETURN
TO THE AREA WILL RESULT IN NO FUTURE EXEMPTIONS BEING
GRANTED FOR THIS VEHICLE.

GIVE A FULL DESCRIPTION OF WHY YOUR VEHICLE IS/WILL BE OUT OF THE STATE OR TESTING
AREA. IF POSSIBLE PROVIDE DOCUMENTATION SHOWING PROOF OF THE VEHICLE'S LOCATION.
(FOR EXAMPLE: SCHOOL TUITION RECEIPT, UTILITY BILL OR MILITARY ID)

SIGNATURE _____ DATE _____